SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept

	Amount Paid: \$846.00 CDS	Zoning District RB, Class	Date	
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Signed Manuel June 5-6-11 Inspector Date of Approval	Signed
Variance (b:O.A.) #	Mitigation Plan Required: Yes Li No 🖟
M. Fauther Date of Inspection 5-3-11	ž,
etaal sithicle. Roperty lines on courts	Reason for Denial: Inspection Record: Well Stated Matac
anitary Number 10-46 S Date 6-2-10	Permit Issued: State Sanitary Number Date $3-1/-1/1$ Permit Number $1/-1/2$
- PLE	APPLICANT —
er Engineering Date	Re Van Gilder - Cooper
been exinformat informat whele a	I (we) declare that this application (including any accompanying information) has been expected (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information issue a permit. I (we) further accept liability which may be a result of Bayfield consent to county officials charged with administering county ordinances to have
Other (explain) FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES	☐ Residential Other (explain) FAILURE TO OBTAIN A PERMIT of STARTING CONS
☐ External Improvements to Principal Building (explain)	Residential Accessory Building (explain)
☐ Special/Conditional Use (explain)	Residential Addition / Alteration (expl
LI Commercial Accessory Building Addition (explain)	∴ * Residence w/attached garage (# of bedrooms) Residence sq. ft Garage sq. ft
Commercial Accessory Building (explain)	Deck sq. ft. Deck(2) sq. ft
Commercial Principal Building Addition (explain)	w/deck-porch (# of bedrooms) $\frac{\mathcal{S}(\rho\mathcal{H})}{\mathcal{S}(258)}$
☐ Mobile Home (manufactured date)	, , j.
ng Basement: Yes No Number of Stories CTV Sanitary: New Existing Privy City City	Addition Existing 282, 255 Square Footage 2, 2
If yes. Distance from	Yes W No D
(Work) Written Authorization Attached: Yes 🗹 No 🗍	Telephone(Home)(W
Authorized Agent Deanis Decham	Cable, WI 54821
LP Contractor North Fork Bldrs. (Phone) 406-551-4060	Property Owner Stellar West Holdings, LP Address of Property 48775 South Lake Owen D
sollD. 04-018-2-44-07-23-2-05-001-13000	Volume 106 Page 440 of Deeds Parcel I.D. 0
ubdivision V-10, P, R 8 79 747 Acrea	LotBlockSubdiv
23 Township 44 North Range 7 V	tion 1/4 of Section 2
CONDITIONAL USE A SPECIAL USE B.O.A. OTHER	
TE BEEN ISSUED TO APPLICANT.	Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Changes in plans must be approved by the Zoning Department.